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408-6174856

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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30233 7590 09/25/2002

TROPIAN INC.
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Michael J. Jaffe (Depositor's name)
Michael J. Jaffe (Signature)
12/26/02 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/746,249 | 12/21/2000 | Earl W. McCune JR. | 101221EPD.US | 9877 |

TITLE OF INVENTION: DIRECT PHASE AND FREQUENCY DEMODULATION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|----------------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO YES | \$1280 610 | \$300 | \$1580 940 | 12/26/2002 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| BENSON, WALTER | 2858 | 324-076480 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

TROPIAN, INC.

CUPERTINO, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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